
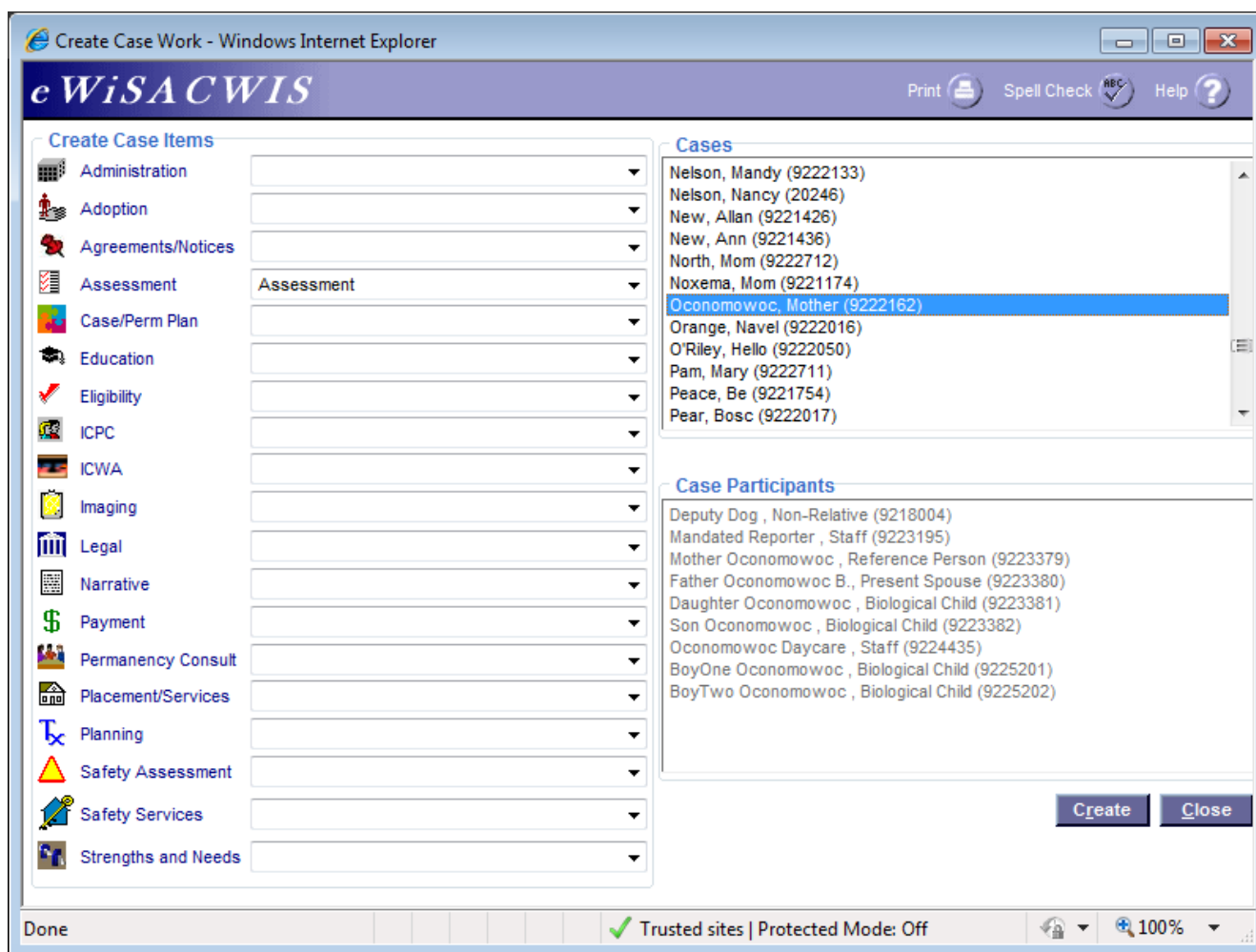


## Initial Assessment – Primary

**Note:** If you are an Alternative Response county, see the Alternative Response Quick Reference Guide.

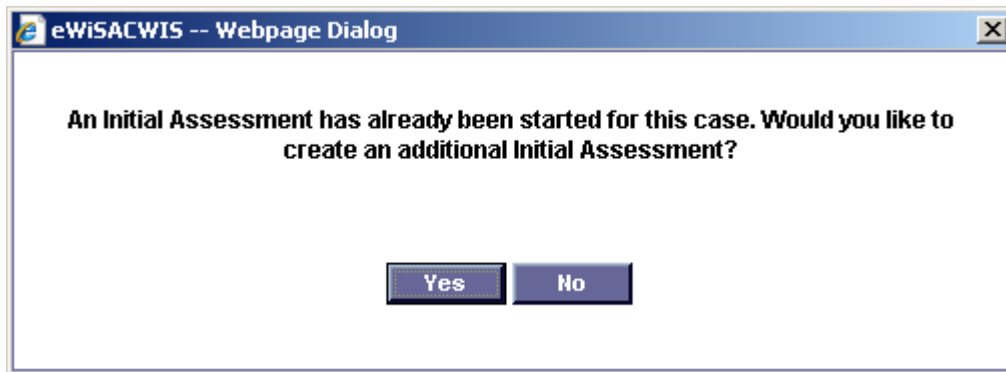
**Note:** In order to create an Initial Assessment – Primary, an assignment to the case is needed.

1. From the desktop, click Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Assessment from the Assessment drop-down, and then select the family from the Cases group box. Click Create.



The screenshot shows the 'Create Case Work' web application in a Windows Internet Explorer browser window. The page has a purple header with the 'eWiSACWIS' logo and navigation links for Print, Spell Check, and Help. The main content area is divided into two columns. The left column, titled 'Create Case Items', contains a list of categories with corresponding icons and dropdown menus: Administration, Adoption, Agreements/Notices, Assessment (selected), Case/Perm Plan, Education, Eligibility, ICPC, ICWA, Imaging, Legal, Narrative, Payment, Permanency Consult, Placement/Services, Planning, Safety Assessment, Safety Services, and Strengths and Needs. The right column, titled 'Cases', displays a list of case names and IDs, with 'Oconomowoc, Mother (9222162)' highlighted in blue. Below the 'Cases' list is a section titled 'Case Participants' containing a list of roles and names, such as 'Deputy Dog, Non-Relative (9218004)' and 'Mandated Reporter, Staff (9223195)'. At the bottom right of the 'Cases' section are 'Create' and 'Close' buttons. The browser's status bar at the bottom shows 'Done', a green checkmark for 'Trusted sites', 'Protected Mode: Off', and a zoom level of '100%'.

3. If a pending assessment exists, you will receive the following message:



Clicking Yes will open the Assessment Report Link page. Clicking No will close the message and return you to your desktop.

4. If a pending assessment does not exist, the Assessment Report Link page will open. This page will show all screened-in CPS Reports that are available to be linked to an Assessment. Select the checkbox for the CPS Report(s) that will be linked to this Assessment. Click the Continue button.

**Assessment Report Link -- Webpage Dialog**

*eWiSACWIS* Print Spell Check Help

**CPS Reports**

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/>	Mother Oconomowoc	02/06/2012 13:41:00	02/06/2012 13:00:00

Continue Close

5. The Assessment page opens to the Participants tab. Click the [Roles](#) hyperlink to add the role of Alleged Maltreater to the appropriate participants. At this time, you may also add additional active case participants by choosing the Insert button. Select the [Create/View ICWA Record](#) hyperlink to complete the Child's ICWA record.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

Participants Basic Allegations Contacts Results

**Assessment Participants**

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Son Oconomowoc</a>	Male	09/19/1999		AV-HM	<a href="#">Roles</a>
<a href="#">Daughter Oconomowoc</a>	Female	08/02/2003		AV-HM	<a href="#">Roles</a>
<a href="#">Mother Oconomowoc</a>	Female	05/05/1975	Asian	HM-PR-RN	<a href="#">Roles</a>
<a href="#">Father B. Oconomowoc</a>	Male	06/06/1966	Asian	HM-PR	<a href="#">Roles</a>

[Create/View ICWA Record](#) [Insert](#)

Options:  [Go](#) [Save](#) [Close](#)

Done Local intranet | Protected Mode: Off 100%

6. Click on the Basic tab. Select the Living Arrangement of the Child(ren) option that is most applicable. Next, select up to three Family Characteristics/Conditions. The first drop-down is required. If there are no applicable characteristics or conditions, select 'None Observed.'

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help ?

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

Participants Basic Allegations Contacts Results

**Case Name Information**

C/O:  
Street #: 123 Street: Wisconsin Ave.  
Apt.:  
City: Oconomowoc State: WI Zip: 53066 Country: United States  
Phone: (262)555-1212 Ext.: Alt. Phone: Alt. Ext.:  
Fax:  
Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**

Family Characteristics/Conditions: None Observed  
Family Characteristics/Conditions:  
Family Characteristics/Conditions:

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

7. The Allegations tab will pre-fill with the allegations documented on the CPS Report.
  - Complete the allegation(s) by selecting the [Edit](#) hyperlink, which will open the Allegation (Assessment) page. When completing an existing allegation that was entered on the Access Report page, enter a maltreatment determination, date of maltreatment, answer the medical treatment question, and if the allegation is a serious incident identify the type of serious incident. Select the maltreatment determination.
  - Add any additional allegations using the 'Insert' button located in the lower-right corner of the Allegations group box, which will open the Allegation (Assessment) page (see the following steps to insert a new allegation).

The screenshot shows the 'eWiSACWIS' web application in a Windows Internet Explorer browser window. The title bar reads 'Assessment - Windows Internet Explorer'. The application header includes the 'eWiSACWIS' logo and navigation links: TM, Print, Spell Check, and Help. Below the header, there are two tabs: 'Assessment' and 'Report'. The 'Assessment' tab is active, showing the following information:

Name: Oconomowoc, Mother      Assessment ID: 9222023      Status: Open

Response Time: Same Day      Date: 02/06/2012

Below this information is a navigation bar with five tabs: Participants, Basic, **Allegations**, Contacts, and Results. The 'Allegations' tab is selected, displaying a table of allegations.

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9238178	Daughter Oconomowoc	Neglect <a href="#">Describe</a>	Pending	02/05/2012	N		N	<a href="#">Edit</a>
<input type="radio"/> 9238178	Son Oconomowoc	Neglect <a href="#">Describe</a>	Pending	02/05/2012	N	N	N	<a href="#">Edit</a> <a href="#">Delete</a>

An 'Insert' button is located at the bottom right of the table.

Below the table is a section for 'Maltreater(s)' with the following fields:

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Biological Parent(s)	Pending

An 'Insert' button is located at the bottom right of this section.

At the bottom of the 'Allegations' section, there are two checkboxes and a dropdown menu:

☐ Independent Investigation      County of Origination:

☐ Is the alleged victim(s) in Agency legal and/or physical custody

At the bottom right of the 'Allegations' section are 'Save' and 'Close' buttons.

The browser's status bar at the bottom shows 'Done', 'Local intranet | Protected Mode: Off', and a zoom level of '100%'.

- When inserting a new allegation, select an Alleged Victim from the drop-down. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS**

Print Spell Check Help

**Allegation**

Alleged Victim: Son Oconomowoc

Abuse/Neglect Code: Neglect

[Description](#)

Determination:

**Date or Approximate Date of Alleged Maltreatment:**

Alleged Victim received medical treatment as a result of this alleged maltreatment:

Alleged Maltreatment occurred while the child's residence was an OHC placement:

Serious Incident: [Details](#)

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Save Close

- Select the [Description](#) hyperlink. This will open the Description page. Select up to three values that apply and click Continue.

**Description -- Webpage Dialog**

**eWiSACWIS**

Print Spell Check Help

**Descriptions**

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pub areas	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

Continue Close

10. Enter the Date or Approximate Date of Alleged Maltreatment. Answer the question if the alleged maltreatment occurred while the child's residence was an out of home care placement.
11. Select whether the alleged maltreatment resulted in a serious incident. If 'Yes,' select the appropriate checkboxes related to the Serious Incident. You can click on the [DCF memo 2010-01](#) hyperlink to access the memo regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78. To access the 2009 Wisconsin Act 78, select the [Act 78](#) hyperlink.
- Note:** If a death has occurred, see the section "Recording a Date of Death for a Child" of this guide.
12. Click Save and Close to return to the Assessment page.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Allegation**

Alleged Victim: Son Oconomowoc

Abuse/Neglect Code: Neglect

[Description](#) No Indicators/Injuries Observed

Determination: Substantiated

**Date or Approximate Date of Alleged Maltreatment:** 02/05/2012

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#) ☐ Yes ☒ No

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

**Save Close**

13. On the Allegations tab on the Assessment page, complete the Maltreater(s) group box.

- Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
- There must be at least one substantiated maltreater when the maltreatment has been substantiated.
- If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.
- Only individuals that were given the role of Alleged Maltreater on the Participants tab will be available in the Alleged Maltreater drop-down.
- Additional Maltreaters for an allegation are added using the Insert button in the Maltreater(s) group box. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

Participants Basic **Allegations** Contacts Results

**Allegations**

	Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/>	9238178	Daughter Oconomowoc	Neglect <a href="#">Describe</a>	Pending	02/05/2012	N		N	<a href="#">Edit</a>
<input type="radio"/>	9238178	Son Oconomowoc	Neglect <a href="#">Describe</a>	Substantiated	02/05/2012	N	N	N	<a href="#">Edit</a> <a href="#">Delete</a>

[Insert](#)

**Maltreater(s)**

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Biological Parent(s)	Pending

[Insert](#)

☐ Independent Investigation County of Origination:  ☐ Is the alleged victim(s) in Agency legal and/or physical custody

[Save](#) [Close](#)

Done Local intranet | Protected Mode: Off 100%



14. The Contacts tab is view only, displaying the linked Assessment Contacts. In this example, there aren't any. See the 'Assessment Contact' and 'Initial Face to Face Contact' Quick Reference Guides for more information.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Assessment**  
Name: Oconomowoc, Mother    Assessment ID: 9222032    Status: Open

**Report**  
Response Time: Within 5 business days    Date: 06/15/2012

Participants    Basic    Allegations    **Contacts**    Results

**Contacts**

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
---------	------	--------------------------	-------	------	-------------------

Save    Close

Done    Trusted sites    Protected Mode: Off    100%

15. The Results tab is mostly view only and pre-fills information from the Initial Assessment – Primary and the Safety Assessment, Analysis and Plan when those are completed. Select the [Create Initial Face-to-Face Contact Note](#) hyperlink. This will open the Case Notes page.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

<b>Assessment</b> Name: Oconomowoc, Mother      Assessment ID: 9222023      Status: Open		<b>Report</b> Response Time: Same Day      Date: 02/06/2012	
---	--	--	--

Participants	Basic	Allegations	Contacts	<b>Results</b>
--------------	-------	-------------	----------	----------------

**Assessment Results**  
 Result: **Substantiated**

**Disposition**

**Initial Face-to-Face Contact Information**  
 Initial Face-to-Face Must Occur By: 02/06/2012 11:59 PM      [CPS Report 9238178](#)  
 Initial Face-to-Face Documented:      [Create Initial Face-to-Face Contact Note](#)

**Family RA Future A/N**  
 Abuse Score:  
 Neglect Score:  
 Risk Level:

**Safety Assessment**  
 Safety Decision: Unsafe

**Strengths and Needs**  
 Needs Level:

Options:

Done Trusted sites Protected Mode: Off 100%

**Note:** After the page is saved, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By.

The Category and Type will pre-fill as an Initial Assessment Contact with Type of Initial Face-to-Face. Complete the remainder of this page accordingly. Select Save and then Close. You will return to the Results tab of the Assessment page.

Case Notes -- Webpage Dialog

eWiSACWIS
Print
Spell Check
Help

Case: Oconomowoc, Mother ( 9222162) Worker Creating Note: Cake, Caitlin M. Worker Making Contact: Cake, Caitlin M. [Search](#)

Case Note ID: Date Entered: 02/06/2012 02:22 PM ☐ Note Finalized ☐ Contact By Designee

### Note Information

Date: 02/06/2012
Begin Time: 01:00 AM PM
End Time: 00:00 AM PM
Duration: 0000.0
☐ Billable

Category: Initial Assess Contact
Type: Initial Face-to-Face
Type Detail:
Face-to-Face Location: Home Visit
Face-to-Face Result: Occurred

☐ View Inactive Participants
Participants:

- Oconomowoc, BoyTwo (Bio Child)
- Oconomowoc, Daughter (Bio Child)
- Oconomowoc, Father B., Jr. (Present Spouse)
- Oconomowoc, Mother (Reference Person)
- Oconomowoc, Son (Bio Child)
- Reporter, Mandated (Staff)

Hold down the 'Ctrl' key for multi-selection  
[Add Contacts](#)

### Narrative

Case Note 1/1 [Details](#)

text...

[More...](#) [Less...](#) [Default](#)

When you return to the Assessment page, it displays when the initial face-to-face contact was documented. Inclusion of this functionality is to help ensure workers complete and document the initial face-to-face contact in a timely and accurate manner.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

Participants Basic Allegations Contacts **Results**

**Assessment Results**  
Result: **Substantiated**

**Disposition**

**Family RA Future A/N**  
Abuse Score:  
Neglect Score:  
Risk Level:

**Safety Assessment**  
Safety Decision: **Unsafe**

**Strengths and Needs**  
Needs Level:

**Initial Face-to-Face Contact Information**  
Initial Face-to-Face Must Occur By: 02/06/2012 11:59 PM [CPS Report 9238178](#) [Create Initial Face-to-Face Contact Note](#)  
Initial Face-to-Face Documented: 02/06/2012 01:00 PM [Case Note ID 9223451](#)

Options:

Done Trusted sites | Protected Mode: Off 100%

16. If allegations rise to the level of a serious Incident, Wisconsin Act 78 requires county agencies and the Bureau of Milwaukee Child Welfare (BMCW) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. To notify the DSP of a serious incident allegation, select Serious Incident Notification from the Options drop-down on the Results tab and complete the Serious Incident Notification page.

The Serious Incident Notification page is a combination of user-entered and pre-filled information. The Name – County or State Agency pre-fills with the county of the worker, but can be edited.

Enter the Name – Agency Contact Person, Title, and Phone for the agency contact.

The Case Name, Case ID, Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Assessment) page on the Allegations tab of the Assessment page.

If the Serious Injury checkbox is selected, answer the ‘For “Serious Injury,” did a physician confirm the child’s condition as serious or critical?’ question.

Select the appropriate checkbox in the ‘Check one to describe current case status at the time of the incident’ group box.

**Serious Incident Notification -- Webpage Dialog**

*eWiSACWIS* Print Spell Check NBC Help ?

☒ Send Serious Incident Notification to DCF      Date Sent:      Sent By:

**Information**

Name - County or State Agency: Milwaukee

Name - Agency Contact Person: Mary Worker

Title: Director      Phone: (414)123-4567      Ext:

Case Name (Last, First, MI): Oconomowoc, Mother      Case ID: 9222162

Date of Incident: 02/05/2012      Number of Children Involved in This Incident: 1

Check all that apply: ☐ Death / Alleged Maltreatment ☐ Death / Alleged Suicide ☒ Serious Injury ☐ Egregious Incident

For "Serious Injury," did a physician confirm the child's condition as serious or critical? ☐ Yes ☐ No

**Child Information**

Name	Gender	DOB	Age	Race
Oconomowoc, Son	Male	09/19/1999	12	

**Check one to describe current case status at the time of the incident**

☐ Open CPS case - child in OHC placement      Type of out-of-home-care placement:

☐ Open CPS case - receiving in-home services

☐ Open case with agency - not CPS

☒ An Access report on this child or family was received within the past 12 months

☐ An Access report on this child or family was received more than 12 months prior to this incident

**Save Close**

The three narrative fields in the Narrative group box are also required. The 'Additional Information' narrative field is optional. Choose the 'Yes' or 'No' radio button to the statement, 'Child, family, or alleged maltreater is known to child welfare.'

Serious Incident Notification -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

☒ Send Serious Incident Notification to DCF    Date Sent: 02/06/2012    Sent By: Daisy, Dan

**Narrative**

Description of incident including suspected cause of child's death, serious injury, or egregious incident.

Describe the alleged maltreatment ...

[More...](#) [Less...](#) [Default](#)

Summarize actions taken by agency in response to this incident.

Enter required text here ...

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here ...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

**Child Welfare System History**

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☐ No

Once all fields have been completed, select the 'Send Serious Incident Notification to DCF' checkbox at the top and click 'Save' to send the Serious Incident Notification to DSP. DSP will receive an e-mail for the serious incident.

Serious Incident Notification -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

☒ Send Serious Incident Notification to DCF    Date Sent:    Sent By:

**Information**

The Serious Incident Verification expando may be expanded at any time. The fields under this expando become enabled only after the 'Send Serious Incident Notification to DCF' checkbox has been checked. DSP will review the Serious Incident Notification and will document their findings in this area. Click Close to return to the Assessment page.

**Note:** See the section at the end of this guide for the 90-day Summary Report.

Serious Incident Notification -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

☒ Send Serious Incident Notification to DCF    Date Sent: 02/06/2012    Sent By: Daisy, Dan

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here ...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here ...

[More...](#) [Less...](#) [Default](#)

**Child Welfare System History**

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☒ No

**Serious Incident Verification**

Tracking Number: 4    Verified By: Daisy, Dan    Verified Date: 02/06/2012

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(c), Child Welfare Public Disclosure Act 78.

**Save Close**

17. On the Basic tab under the Options drop-down, select IA Primary and click 'Go.'

The screenshot shows the eWiSACWIS web application in a Windows Internet Explorer browser window. The page has a purple header with the eWiSACWIS logo and navigation links like TM, Print, Spell Check, and Help. Below the header, there are two tabs: 'Assessment' and 'Report'. The 'Assessment' tab is active, showing details for an assessment with ID 9222023, Status: Open, Name: Oconomowoc, Mother, Response Time: Same Day, and Date: 02/06/2012. The main content area has several tabs: 'Participants', 'Basic', 'Allegations', 'Contacts', and 'Results'. The 'Basic' tab is selected, displaying 'Case Name Information' with fields for C/O, Street #, Street, Apt., City, State, Zip, Country, Phone, Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference. Below this is the 'Living Arrangement of the Child(ren)' section with a dropdown menu showing 'Married two parent household, with two biological/adoptive parents'. The 'Family Characteristics/Conditions' section has three dropdown menus, the first of which is set to 'None Observed'. At the bottom, there is an 'Options' dropdown menu with 'IA Primary' selected, a 'Go' button, and 'Save' and 'Close' buttons. A status bar at the bottom indicates 'Local intranet | Protected Mode: Off' and a zoom level of 100%.

The following message will appear. Click 'Yes' to continue to the IA – Primary or 'No' if you want to return to the Assessment page and not save.

The screenshot shows a 'Webpage Dialog' box from eWiSACWIS. The dialog contains the text: 'This will save the Assessment Information. Do you want to continue?'. At the bottom of the dialog are two buttons: 'Yes' and 'No'.



18. The Initial Assessment - Primary page will open to the Part. Info (Participant Info) tab. This is where the child(ren) and adult(s) that are part of the assessment are added. Use the Add/Edit buttons in each group box to add the participants. The Add/Edit button opens the Case Participants/Collaterals page.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check REC Help ?

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Part. Info** | Maltreatment | ChildFncng | AdultFncng | ParentalPractices | Summary

**Child Information**

Child Name	DOB
Oconomowoc, Daughter	08/02/2003
Oconomowoc, Son	09/19/1999

Add/Edit

**Parent Information**

Parental Role Name	DOB
Oconomowoc, Mother	05/05/1975
Oconomowoc, Father B.	06/06/1966

Add/Edit

Options:  Go Save Close

19. Select the checkbox next to the participant to be added to the assessment. Select Continue.

**Case Participants/Collaterals -- Webpage Dialog**

**eWiSACWIS** Spell Check REC Help ?

**Case Participants - Children**

Select	Person Name	DOB
<input type="checkbox"/>	Reporter, Mandated	
<input type="checkbox"/>	Oconomowoc, Mother C.	05/05/1975
<input type="checkbox"/>	Oconomowoc, Father B., Jr.	06/06/1966
<input checked="" type="checkbox"/>	Oconomowoc, Daughter	08/02/2003
<input checked="" type="checkbox"/>	Oconomowoc, Son	09/19/1999

Continue Close

20. On the Maltreatment tab, answer the safety questions pertaining to the alleged maltreatment. Document the narrative information regarding the Maltreatment and Surrounding Circumstances.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Part. Info** **Maltreatment** ChildFunctng AdultFunctng ParentalPractices Summary

**Safety Assessment**

One or both parents/caregivers intend(ed) to seriously hurt the child. [Details](#) ☐ Yes ☐ No

Living arrangements seriously endanger the child's physical health. [Details](#) ☐ Yes ☐ No

**Maltreatment**

1. Maltreatment:  
Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

2. Surrounding Circumstances:  
Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the parents explanation of circumstances even if the finding is no maltreatment.

**Save** **Close**

21. Next is the ChildFuncng (Child Functioning) tab. Answer the safety questions and complete the narrative. Each child identified on the Part. Info tab will have a required narrative section.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

Part. Info Maltreatment **C**hildFuncng AduLtFuncng ParentalPractices Summary

**Safety Assessment**

The child is profoundly fearful of the home situation or people within the home. [Details](#) ☐ Yes ☐ No

**Child Functioning**

Child Name: Oconomowoc, Daughter

Describe the child's general functioning and effects of any maltreatment.

Row 1 of 2

[Save](#) [Close](#)

22. The AdultFnctng (Adult Functioning) tab is very similar to the Maltreatment and ChildFnctng tabs. Answer the corresponding safety questions and complete the narrative regarding the functioning of each adult identified on the Part. Info tab.

Initial Assessment-Primary -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Part. Info** **Maltreatment** **ChildFnctng** **AdultFnctng** **ParentalPractices** **Summary**

**Safety Assessment**

One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. [Details](#) ☐ Yes ☐ No

One or both parents'/caregivers are violent. [Details](#) ☐ Yes ☐ No

**Adult Functioning**

Parental Role Name: Oconomowoc, Mother

Describe the adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

Row 1 of 2

Adult functioning...

**Save** **Close**

23. The Parental Practices tab is similar to the previous tabs. After the safety questions, there are three narrative areas to complete. Disciplinary Approaches and Parenting Practices narratives are completed for each adult. The Family Functioning narrative is completed once for the family as a whole.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Parent. Info** **Maltreatment** **ChildFunctg** **AdultFunctg** **ParentalPractices** **Summary**

**Disciplinary Approaches**

Parental Role Name: Oconomowoc, Mother

Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Row 1 of 2

Disciplinary approaches...

**Parenting Practices**

Parental Role Name: Oconomowoc, Mother

Describe the parent's general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.). Row 1 of 2

Parenting practices...

**Family Functioning**

Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.

Family functioning...

**Save** **Close**

24. The Summary tab is the last tab of the Initial Assessment – Primary page. Document the Family Support Network information if the case is being opened for services, otherwise complete the Closing Summary. Complete the Case Disposition information.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Part. Info** **Maltreatment** **ChildFncng** **AdultFncng** **ParentalPractices** **Summary**

**Family Support Network**

If opening/transferring the case for services complete this section by describing the family's support network, taking into account the family's cultural context. Otherwise, go directly to the Closing Summary.

**Closing Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

**Case Disposition**

☐ Case Closed Reason Case Closed:

☐ Case Opened Reason Case Opened:

**Correspondence**

**Save** **Close**

25. The Summary tab also contains a Correspondence group box. This includes the Mandated Reporter and Relative Reporter group boxes. These documents are available under the Options drop-down of the Assessment page.

The screenshot shows the 'Initial Assessment-Primary -- Webpage Dialog' window for the 'eWiSACWIS' system. The 'Summary' tab is selected, displaying a form with the following sections:

- Case Information:** Case Name: Oconomowoc, Mother; Case ID: 9222162; Referral Date: 02/06/2012; Assessment Type: Traditional (dropdown); IA Completed: ☐.
- Navigation Tabs:** Part. Info, Maltreatment, ChildFnctng, AdultFnctng, ParentalPractices, Summary (active).
- Case Disposition:** Radio buttons for 'Case Closed' and 'Case Opened'. 'Reason Case Closed' and 'Reason Case Opened' are dropdown menus.
- Correspondence:**
  - Mandated Reporter:** ☐ Not applicable; Date mandated reporter given feedback: 00/00/0000.
  - Relative Reporter:** ☐ Not applicable; ☐ Documented request for information received from relative reporter: 00/00/0000; ☐ Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000.

Buttons for 'Save' and 'Close' are located at the bottom right of the form area.

26. Return to the Part. Info tab. Under the Options drop-down, there are two choices available: Safety Assessment, Analysis and Plan and Initial Assessment Primary. Select Safety Assessment, Analysis and Plan and click 'Go.' If you do not see the Safety Assessment, Analysis and Plan option, click 'Save' on the Initial Assessment – Primary page and the option will be available.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Case Information**

Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☐ IA Completed

**Part. Info** Maltreatment ChildFncng AdultFncng ParentalPractices Summary

**Child Information**

Child Name	DOB
Oconomowoc, Daughter	08/02/2003
Oconomowoc, Son	09/19/1999

Add/Edit

**Parent Information**

Parental Role Name	DOB
Oconomowoc, Mother	05/05/1975
Oconomowoc, Father B.	06/06/1966

Add/Edit

Options:

Action  
Safety Assessment, Analysis and Plan  
Text  
Initial Assessment Primary

Save Close



27. The Safety Assessment, Analysis and Plan page will open, and the Part. Info tab will pre-fill with the same participants identified in the Part. Info tab of the Initial Assessment – Primary page. Select Add/Edit if changes need to be made regarding the identified participants.

Safety Assessment, Analysis and Plan -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☐ Completed

**Part. Info** Safety Assessment Description of Safety Threats Plan Analysis

**Child Information**

Child Name	DOB
Oconomowoc, Daughter	08/02/2003
Oconomowoc, Son	09/19/1999

Add/Edit

**Parent/Caregiver Information**

Parent/Caregiver Name	DOB
Oconomowoc, Mother C.	05/05/1975
Oconomowoc, Father B., Jr.	06/06/1966

Add/Edit

Options:  Go Save Close

28. The Safety Assessment tab contains all 11 safety questions that were answered as part of the Initial Assessment – Primary. Make any necessary changes and scroll down to the Safety Assessment and Conclusion group box. Enter the Date of Safety Assessment, and for BMCW workers, complete the BMCW Safety Services group box as applicable.
- If all safety questions are answered ‘No,’ enter the date of the safety assessment, open the Safety Assessment template from the Options drop-down, check the Completed checkbox in the upper right-hand corner, and click Save and Close to return to the Initial Assessment – Primary page. Proceed to step 37 of this guide.
  - If any safety question is answered yes, proceed to the next step.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check Help

**General**

Name: Mother Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☐ Completed

Part. Info	Safety Assessment	Description of Safety Threats	Plan Analysis
One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. <a href="#">Details</a>		<input checked="" type="radio"/> Yes <input type="radio"/> No	
The child has exceptional needs which the parents/caregivers cannot or will not meet. <a href="#">Details</a>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Living arrangements seriously endanger the child's physical health. <a href="#">Details</a>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
The child is profoundly fearful of the home situation or people within the home. <a href="#">Details</a>		<input checked="" type="radio"/> Yes <input type="radio"/> No	

**Safety Assessment and Conclusion**

One or more factors that negatively affect safety are identified: ☒ Yes ☐ No

Date of Safety Assessment:

If the answer is No, then the child(ren) is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer is Yes, then the child(ren) may be unsafe. Please continue with the Description of Safety Threats and Plan Analysis tabs.

Final Safety Decision: Unsafe

**BMCW Safety Services**

☐ Safety Case Closure

Options:

29. The Description of Safety Threats tab displays the Safety Threats selected on the previous tab, with required narrative text to describe each identified safety threat. The Services Available/Accessible group box questions are view only on this tab.

Safety Assessment, Analysis and Plan -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

**General**

Name: Mother Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☐ Completed

Part. Info Safety Assessment **Description of Safety Threats** Plan Analysis

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.	Row 1 of 2
Description: Description of safety threat...	
The child is profoundly fearful of the home situation or people within the home.	Row 2 of 2
Description: Description of safety threat...	

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options:  Go

Save Close

30. The Plan Analysis tab contains several questions. How you answer 'Can and will the non-maltreating parent or another adult in the home protect the child(ren)?' will affect how the rest of this tab works. If you answer 'Yes,' the corresponding narrative becomes required and the Analysis questions are disabled. If you answer 'No' or 'N/A,' the narrative is disabled and the Analysis questions are enabled and required.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**General**  
Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☒ Completed

**Part: Info Safety Assessment Description of Safety Threats Plan Analysis**

**Parent / Caregiver Protective Capacity**  
Can and will the non-maltreating parent or another adult in the home protect the child(ren)? ☐ Yes ☒ No ☐ N/A  
If you answer Yes, please describe how the parent's/caregiver's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer no, continue with the analysis and planning.

**Analysis**  
An In Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement. ☒ Yes ☐ No  
The parents/caregivers are willing for services to be provided and will cooperate with service providers. ☒ Yes ☐ No  
The home environment is calm enough for services to be provided and for the service providers to be in the home safely. ☒ Yes ☐ No  
Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. ☒ Yes ☐ No  
Parents/Caregivers are residing in the home. ☒ Yes ☐ No

Options: **Save Close**

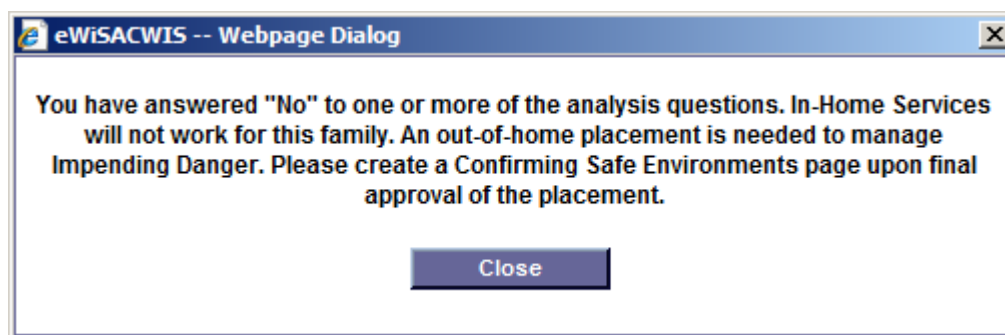
31. If all of the Analysis questions are answered 'Yes,' you will receive the following message. Selecting 'Yes' will take you to the Plan Analysis tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Selecting 'No' returns you to the Plan Analysis tab.

**eWiSACWIS -- Webpage Dialog**

**You have answered "Yes" to all of the analysis questions. In-Home Services will work for this family. Please proceed to develop services for the In-Home Safety Plan. Please select Yes to add services at this time. Select No to remain on this tab.**

**Yes No**

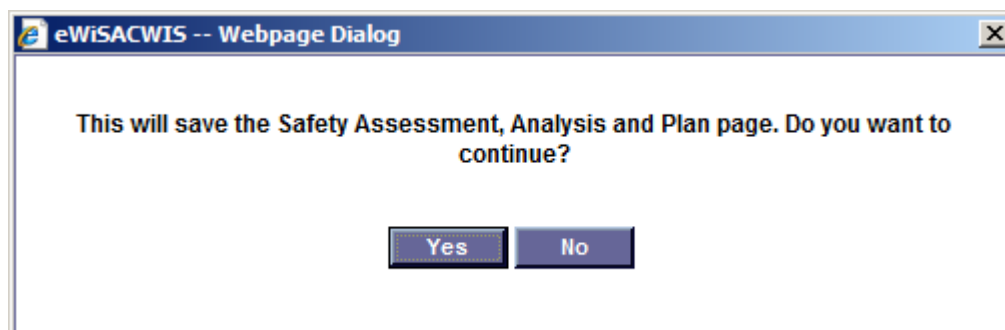
32. If one or more of the Analysis questions are answered 'No,' the following message will appear directing you to complete a Confirming Safe Environments:



33. If in-home services may work for this family, enter the services that will be implemented by clicking the [Add/Edit Services](#) hyperlink on the Description of Safety Threats tab.

A screenshot of the "Safety Assessment, Analysis and Plan" page in the eWiSACWIS system. The page has a header with the eWiSACWIS logo and navigation links (TM, Print, Spell Check, Help). Below the header is a "General" section with fields for Name (Mother Oconomowoc), Worker (Caitlin M. Cake), Approval Date, Type (Initial Assessment Primary), and a Completed checkbox. The main content area has four tabs: Part, Info, Safety Assessment, and Description of Safety Threats. The "Description of Safety Threats" tab is active, showing a section titled "Safety Threats" with instructions to describe family conditions. There are two rows of text input fields for descriptions, each with an "Add/Edit Services" link to its right. Below the descriptions is a "Services Available/Accessible" section with two questions and radio button options for "Yes" and "No". At the bottom, there is an "Options" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

34. Clicking the Add/Edit Services link will prompt you with the following message. Click 'Yes' to save and continue or 'No' to return to the Safety Assessment, Analysis and Plan page without saving.



35. The Safety Plan Services page will open, displaying the identified safety factor, the description why that factor was selected, and an empty Safety Services group box. Click the Insert button to insert a service. Select the appropriate Service/Activity that is being implemented to address the safety factor, enter the name of the provider or responsible person providing the service, any additional information about the service being provided, and answer the two questions about the service and provider being available. Click the Insert button again to add as many services being established to address this safety factor. When all services are entered, click Save and then Close.

**Safety Plan Services -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Identified Safety Factor and Description**  
 One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.  
 Description:  
 Description of safety threat...

**Safety Services**

Service/Activity:	Basic Home Management/Life Skills	Delete
Provider/Resp. Person:	provider/responsible person	Row 1 of 1
Describe the availability, accessibility and suitability of the safety service provider involved.	description...	
Specifically explain the safety services/activity and how it will control the threat identified.	explanation...	

This needed service/activity exists. ☒ Yes ☐ No

Service/activity/provider is currently available at level/time required. ☒ Yes ☐ No

Insert

Save Close

36. The Service/Activity and Provider/Responsible Person displays on the Description of Safety Threats tab. The Services Available/Accessible questions now have answers pre-filled. If both of the Services Available/Accessible questions are answered 'Yes,' then document narrative for 'Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.'

Safety Assessment, Analysis and Plan - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check REC Help ?

**General**  
Name: Mother Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☐ Completed

Part. Info Safety Assessment **Description of Safety Threats** Plan Analysis

Description:  
Description of safety threat... [Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Home Management/Life Skills	provider/responsible person

The child is profoundly fearful of the home situation or people within the home. Row 2 of 2

**Services Available/Accessible**  
All Needed Services/activities provided. ☒ Yes ☐ No  
All Needed Services/activities/providers are available at level/time required. ☒ Yes ☐ No

Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.  
Description...

Options:  Go

Done Trusted sites | Protected Mode: Off 100%

37. From the Options drop-down, open the two templates associated with the Safety Assessment and Plan page: the Safety Assessment and the Safety Analysis and Plan.

**Safety Assessment, Analysis and Plan -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check Help

**General**

Name: Mother Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary ☒ Completed

Part. Info Safety Assessment Description of Safety Threats Plan Analysis

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Row 1 of 2

Description:

Description of safety threat...

[Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Home Management/Life Skills	provider here...

The child is profoundly fearful of the home situation or people within the home. Row 2 of 2

Description:

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options:  Go

Text

Safety Assessment

Safety Analysis and Plan

Save Close

38. Once you have completed the Safety Assessment, Analysis and Plan page, check the Completed checkbox, then click Save and Close to return to the Initial Assessment – Primary page.



39. If you have not done so already, open the IA Primary text template from the Options drop-down. Check the IA Completed checkbox, click Save and then Close. This will return you to the Basic tab of the Assessment page.

**Initial Assessment-Primary -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check ABC Help ?

**Case Information**  
Case Name: Oconomowoc, Mother Case ID: 9222162 Referral Date: 02/06/2012 Assessment Type: Traditional ☒ IA Completed

**Part. Info** | Maltreatment | ChildFunctng | AdultFunctng | ParentalPractices | Risk and Safety | Summary

**Child Information**

Child Name	DOB
Oconomowoc, Son	09/19/1999
Oconomowoc, Daughter	08/02/2003

Add/Edit

**Parent Information**

Parental Role Name	DOB
Oconomowoc, Father B.	06/06/1966
Oconomowoc, Mother	05/05/1975

Add/Edit

Options: Initial Assessment Primary Go Save Close

40. Verify the information on all tabs is complete, then proceed to the Participants tab for Approval.

Assessment - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

Participants Basic Allegations Contacts Results

**Case Name Information**

C/O:  
Street #: 123 Street: Wisconsin Ave.  
Apt.:  
City: Oconomowoc State: WI Zip: 53066 Country: United States  
Phone: (262)555-1212 Ext.: Alt. Phone: Alt. Ext.:  
Fax:  
Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**

Family Characteristics/Conditions: None Observed  
Family Characteristics/Conditions:  
Family Characteristics/Conditions:

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

41. If during the Initial Assessment a new CPS Report is screened in, you can link that CPS Report to this assessment. From the Participants tab, select Link Report to Assessment from the Options drop-down and click Go.

The screenshot displays the eWiSACWIS web application running in Internet Explorer. The interface includes a header with the application name and navigation tabs. The 'Assessment' section shows details for 'Oconomowoc, Mother' with ID 9222023 and status 'Open'. The 'Report' section shows 'Response Time: Same Day' and 'Date: 02/06/2012'. The 'Participants' tab is active, displaying a table of assessment participants. Below the table is a 'Create/View ICWA Record' link and an 'Insert' button. At the bottom, an 'Options' dropdown menu is open, showing 'Actions', 'Approval', and 'Link Report to Assessment'. The 'Go' button is next to the dropdown. The status bar at the bottom indicates 'Trusted sites | Protected Mode: Off' and a zoom level of 100%.

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Father B. Oconomowoc</a>	Male	06/06/1966	Asian	HM-PR	<a href="#">Roles</a>
<a href="#">Mother Oconomowoc</a>	Female	05/05/1975	Asian	HM-PR-RN	<a href="#">Roles</a>
<a href="#">Son Oconomowoc</a>	Male	09/19/1999		AV-HM	<a href="#">Roles</a>
<a href="#">Daughter Oconomowoc</a>	Female	08/02/2003		AV-HM	<a href="#">Roles</a>

Options:

Actions  
Approval  
Link Report to Assessment

Done

Trusted sites | Protected Mode: Off

100%

On the Assessment Report Link page, select the appropriate CPS Report(s) and then click Continue. This will automatically associate the CPS Report to this Assessment and return you to the Assessment page.

**Assessment Report Link -- Webpage Dialog**

*eWiSACWIS* Print Spell Check Help

**CPS Reports**

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input checked="" type="checkbox"/>	Mother Oconomowoc	02/06/2012 13:41:00	02/06/2012 13:00:00

Continue Close

42. From the Participants tab, select Approval from the Options drop-down and click Go. On the Approval History page, select the Approve radio button and click Continue. You are returned to the Assessment page. Click Save to send the assessment to your supervisor for approval.

**Assessment - Windows Internet Explorer**

*eWiSACWIS* TM Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother Assessment ID: 9222023 Status: Open **Report** Response Time: Same Day Date: 02/06/2012

**Participants** Basic Allegations Contacts Results

**Assessment Participants**

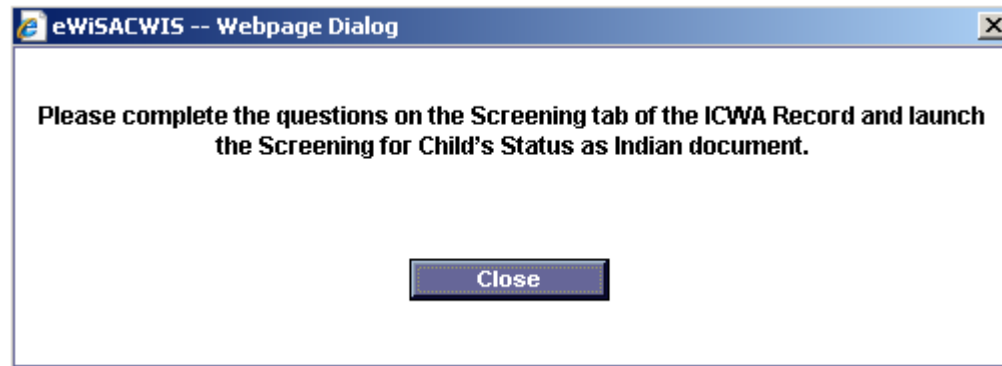
Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Father B. Oconomowoc</a>	Male	06/06/1966	Asian	HM-PR	<a href="#">Roles</a>
<a href="#">Mother Oconomowoc</a>	Female	05/05/1975	Asian	HM-PR-RN	<a href="#">Roles</a>
<a href="#">Son Oconomowoc</a>	Male	09/19/1999		AV-HM	<a href="#">Roles</a>
<a href="#">Daughter Oconomowoc</a>	Female	08/02/2003		AV-HM	<a href="#">Roles</a>

Create/View ICWA Record Insert

Options: Go Save Close

Done Approval Link Report to Assessment Trusted sites | Protected Mode: Off 100%

43. You will be reminded to complete the questions on the Screening tab of the ICWA Record.



44. To create or view an ICWA record for a child, click the [Create/View ICWA Record](#) hyperlink at the lower left of the Participants tab on the Assessment page (see step 5 above). For more information regarding completing the ICWA Record, see the Documenting ICWA Quick Reference Guide.

## Switching an Initial Assessment Type

If an incorrect type of Initial Assessment (e.g. IA Primary or IA Secondary) has been entered, it can be switched prior to approval. As different information is collected based on the type of Initial Assessment, most information will not ‘copy’ over when switched; rather this allows you to replace the original Initial Assessment with the correct IA type.

1. Once an Initial Assessment has been entered and saved, ‘Switch Assessment Type’ will appear on the Options drop-down of the Basic tab on that IA. To switch the IA type, select ‘Switch Assessment Type’ and click Go.

The screenshot displays the eWiSACWIS UAT web application interface. The browser window title is "Assessment - Windows Internet Explorer". The application header includes the logo "eWiSACWIS UAT" and navigation links for Resource, TM, Print, Spell Check, and Help. The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing the following information:

- Name: Winter, Mom
- Assessment ID: 9221811
- Status: Open
- Response Time: Same Day
- Date: 08/01/2013

Below this information is a navigation bar with tabs: Participants, Basic, Allegations, Contacts, and Results. The "Basic" tab is selected, displaying the following sections:

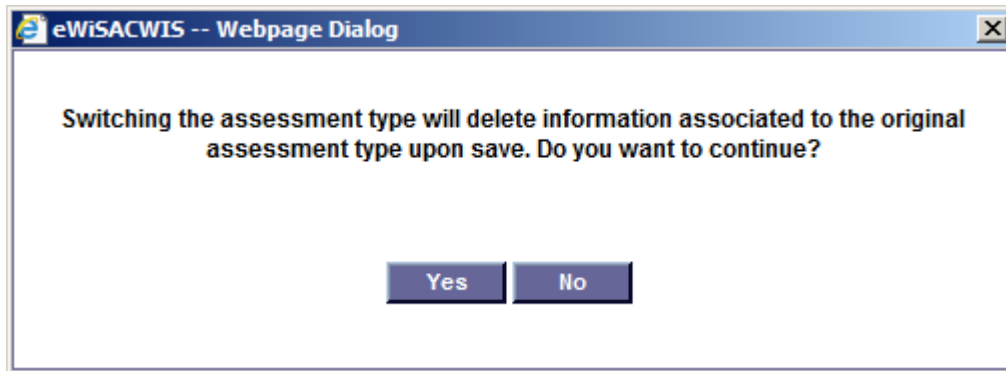
- Case Name Information**
  - C/O:
  - Street #: 123 Street: Crystal Place
  - Apt.:
  - City: Middleton State: WI Zip: 53562 Country: United States
  - Phone: (608)565-1212 Ext.: Alt. Phone: Alt. Ext.:
  - Fax:
  - Language Preference: English
- Living Arrangement of the Child(ren)**
  - Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents
- Family Characteristics/Conditions**
  - Family Characteristics/Conditions: Alcohol abuse by caregiver (no drugs apparent/significant)
  - Family Characteristics/Conditions:
  - Family Characteristics/Conditions:

At the bottom of the form, there is an "Options:" section with a dropdown menu. The dropdown menu is open, showing the following options:

- Assessment
- Clinical
- IA Primary
- Switch Assessment Type (selected)
- Actuarial
- IA Narrative
- Family RA Future A/N
- Strengths and Needs
- Actions
- Extension

Next to the dropdown menu is a "Go" button. To the right of the "Options:" section are "Save" and "Close" buttons. The browser window shows a zoom level of 100%.

2. The following message will display. To continue click 'Yes'.



3. The opposite type of Initial Assessment will automatically be launched. So, if an IA Primary was originally entered, the IA Secondary will automatically be launched, and vice versa.
4. Enter information for that IA type and Save when finished.

## Recording a Date of Death for a Child

A date of death for a child can be recorded on the following pages: Person Management, Allegation (Access Report), Allegation (Assessment), Serious Incident Notification, and Placement & Service Ending.

In Assessment, the field will dynamically display if a death is indicated on the page and is required when a determination other than pending is selected. If a Death Date is already entered on Person Management, the date pre-fills to the page. If a Death Date is changed on the Allegation page, Death Date on Person Management will be updated after the Assessment is approved. The Death Date field will always remain editable on Person Management but will freeze on the Assessment and will not be able to be changed after it has been approved.

**Allegation (Assessment) -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Allegation**

Alleged Victim: Adopt Abby

Abuse/Neglect Code: Physical Abuse

Description: Blunt Force Trauma

Determination: Pending

**Date or Approximate Date of Alleged Maltreatment:** 10/01/2013

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☐ Yes ☒ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☒ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 00/00/0000

[Save](#) [Close](#)

**Note:** The Death Date on an approved Access Report or Assessment, or the most recently entered date of death in Person Management will prefill to the Serious Incident Notification. The Death Date field displays when the Death/Alleged Maltreatment or Death/ Alleged Suicide checkbox is selected on the page.



## Creating the 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Once DSP has identified that an incident qualifies as a serious incident, eWiSACWIS automatically generates a 90-Day Summary Report Serious Incident tickler on the Primary worker's desktop. The tickler due date is 60 days from the date DSP indicates 'Yes' under the Serious Incident Verification expando on the Serious Incident Notification page.

1. To launch the 90-Day Summary Report, open the associated Serious Incident Notification under the case (either from Access Reports or Assessment). On the Serious Incident Notification page, select 90-Day Summary Report from the Options drop-down and click Go. This opens the Notices History page.

**Serious Incident Notification - Windows Internet Explorer**

**eWiSACWIS** Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 06/07/2013 Sent By: Cake, Caitlin M.

Materials made by the County agency (list all agencies receiving material).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

**Child Welfare System History**

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☒ No

**Serious Incident Verification**

Tracking Number: 123456 Verified By: Cake, Caitlin M. Verified Date: 06/07/2013

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

Text here...

[More...](#) [Less...](#) [Default](#)

Options:

Action

Done 90-Day Summary Report

Local intranet | Protected Mode: Off 100%

2. On the Notices History page, click the 'Insert' button to create a new report. Click the [Edit](#) hyperlink to launch the template.

Notices History -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)  
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

**History**

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013		<a href="#">Edit</a>	<a href="#">Delete</a>

[Edits/Views 90-Day Summary document](#)

[Insert](#)

[Save](#) [Close](#)

- Enter the required information and click Close and Return to eWiSACWIS.

**90-Day Summary Report for Child Death, Serious Injury or Egregious Incident**

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 123456 Agency: Milwaukee

Child Information (at time of incident)  
 Age: 7 Gender: ☐ Female ☒ Male  
 Race or Ethnicity: White, Caucasian  
 Special Needs:

Date of Incident: 02/28/2012

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:  
Describe here...

Findings by agency, including maltreatment determination and material circumstances leading to incident:

☐ Yes ☐ No Criminal investigation pending or completed?  
☐ Yes ☐ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☐ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

**A. Children residing at home at the time of the incident:**

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

☐ Yes ☐ No Statement of Services: Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years: (Does not include the current incident.)

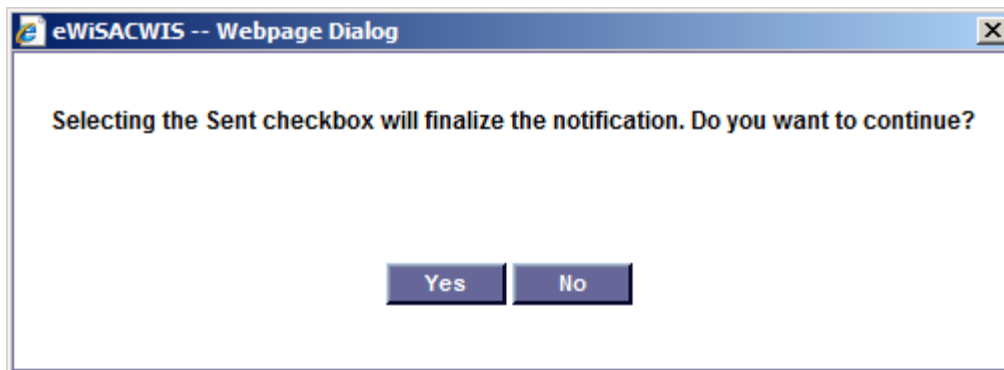
- On the Notices History page, click Save. The Sent checkbox will now be selectable. If you are ready to send the report, click the Sent checkbox.

Case: [Oconomowoc, Mother \(9222162\)](#)

Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History				
Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input type="checkbox"/>	<a href="#">Edit</a>	

You will then receive the following message. Click Yes if you want to finalize and send the report.



5. The checkbox is now frozen. When the report is finalized, an e-mail is sent to DSP to notify them that a report has been submitted.

Notices History -- Webpage Dialog

*eWiSACWIS* TM Print Spell Check Help

Case: [Oconomowoc, Mother \(9222162\)](#)  
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

**History**

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input checked="" type="checkbox"/>	<a href="#">View</a>	

[Insert](#)

[Save](#) [Close](#)